



## PART TWO

### Cultural Sensitivity in Health Promotion Work



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## 2.1 Introduction

In *Part Two* of this manual, we talk about culture. In doing so, we ask you to think about both your own culture and the culture of people in your community.

We also discuss why culture is important to consider when you design health promotion and disease prevention programs.

*Part Two* consists of two sections:

- The first section provides you with questions to answer to better understand the cultural groups in your community. We also give you tools to help you and your organization work with the many cultural backgrounds in your community (Section 2.2).
- The second section walks you through the steps you should follow to develop health promotion materials that are sensitive to the cultural beliefs of people in your community (Section 2.3).



## 2.2 Understanding Our Shared Communities

**At the end of this section, you will be able to**

- Identify experiences common to refugees in the United States.
- Better understand what culture is and its importance in health promotion and disease prevention.
- Improve your organization's ability to work with other cultures.

**This section answers the following questions:**

1. *What are some of the health challenges that refugees face in settling into their new communities?*
2. *What is culture?*
3. *What is cultural competence and how can your organization achieve it?*

Each year, new refugees come to the United States from countries all around the world. Each group brings its own beliefs and preferred way of doing things. These ideas and behaviors represent a group's culture. You might already know some of the different cultural practices in your community. Others may seem new or different to you.

It is important to understand these cultural practices when promoting health in the community for the following reasons:

- It helps you better fit your health promotion efforts to the groups in your community.
- It demonstrates respect and consideration for the groups you are working with.
- It improves communication and helps you overcome any differences or misunderstandings when they arise.

Working with other cultural groups will also benefit your own organization. You will create new relationships and work with people who share a common goal of creating and maintaining a better community. You will see life through the eyes of people whose backgrounds and experiences are different from yours.

## *What Are Some of the Health Challenges That Refugees Face in Settling Into Their New Communities?*

The United States is currently home to over 500,000 refugees from countries all around the world. Each year, another 50,000 to 70,000 refugees are admitted to the United States.<sup>1</sup>

Refugees face health challenges both when they arrive in the United States and after they have been in the United States for some time.

It may be helpful to think about these challenges in terms of the stages refugees go through to get to the United States, starting with conditions in their country before leaving it (premigration), their travels to the United States (migration), and their eventual resettlement in the United States.

A *refugee* is any person who is outside the country of his or her nationality and who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

[www.acf.hhs.gov/programs/orr/geninfo/index.htm](http://www.acf.hhs.gov/programs/orr/geninfo/index.htm)

***Premigration Health Issues.*** Many refugees come from countries with poor public health systems. They may need medical services to treat infectious diseases that exist in their home country or chronic health conditions that previously have not been addressed.

Refugees may also come from countries in war, where they saw or experienced torture and persecution. These events may lead to a greater risk for depression, stress-related disorders, or other mental health problems. Some individuals may benefit from clinical psychiatric services to help them cope with ongoing stress or for treatment of disabling symptoms. For some, this struggle may be lifelong, requiring ongoing support from those around them.

***Migration Health Issues.*** Many refugees do not come directly to the United States. Instead, they first have to go to a refugee settlement (or camp) in a nearby country. These settlements or camps are usually crowded, and diseases are easily spread. Many times, the camps do not have adequate resources to meet the health needs of the people living in them. Therefore, many refugees need medical attention when they first arrive in the United States to treat infectious, parasitic, or other conditions from their travels. Additionally, the process of being forcibly displaced or experiences of torture and persecution during migration can contribute to mental health issues for refugees.

***Resettlement—Initial Health Issues.*** Once in the United States, refugees usually settle in communities that are unfamiliar to them. Many of their day-to-day tasks are new. For example, grocery stores may not have the foods they are used to. Refugees often have to develop new skills, such as how to use the local buses or trains to get around town, or how to find a job.

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<sup>1</sup> U.S. Committee for Refugees. (2003). *World refugee survey 2003 country report*. Retrieved from [http://www.refugees.org/world/countryrpt/amer\\_carib/2003/united\\_states.cfm](http://www.refugees.org/world/countryrpt/amer_carib/2003/united_states.cfm)

Refugees also may face new challenges to staying healthy. For example, new diets can lead to obesity and diabetes. They may have to address and respond to such chronic illnesses as heart disease and high blood pressure, or with conditions that were not treated in their native countries. Refugees might not know of or use such prevention screenings as mammograms or cholesterol tests.

Even though refugees now live in the United States, many continue living in ways similar to those of their home country. Others adopt many of the common practices of their new community. Differences within families are also common, with older generations following traditional practices and young people adopting many new practices.

People's adjustment to their new community may be important to their well-being. Refugees who do not participate in their new community can feel lonely and can suffer from depression or other mental health conditions. Depression and alcoholism are just two health conditions refugees may be more likely to experience over the years while adjusting to their new community.

Health may not be the most important thing to refugees when they arrive in the United States. Many are first concerned with meeting their basic needs, such as finding a place to live and work. Many cannot speak English and find it difficult to do these activities. Translation services for non-English speakers might not be available in communities where refugees settle. In working with refugees, your organization may need to consider language and other communication issues first.

### 2.2.1 Becoming Familiar With Refugee Communities<sup>2</sup>

#### Refugees' Strength

Don't be surprised if you find that many members of the refugee community are doing just fine in their new community. Many of those who have made it to the United States already have overcome a number of obstacles and have shown great strength in getting to the United States. Your organization should try to find ways to recognize and celebrate their accomplishments in making it to your community.

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<sup>2</sup> Section 2.2.1 was adapted with permission from the following source: Messina, S. A. (1994). *A youth leader's guide to building cultural competence*. Washington, DC: Advocates for Youth.

Try to learn the answers to some of the following questions as you get to know members of a refugee community:

- What was their experience like in traveling to the United States? Did they arrive alone or with family members? Are their family members still in the native country?
- Were they or people they know subject to persecution in their previous country?
- What conditions did they leave behind or experience in their travels? What illnesses were common in their home country?
- Do they now live in a community with others from their homeland?
- Where have they lived since arriving in the United States?
- At what age did they come to the United States? How long have they or their family been in this country?

Understanding culture will be important to your group when promoting health and preventing disease. In this section, you will learn about culture and what to consider when working with different cultural groups.

### *What Is Culture?*

Many different definitions of “culture” exist. Most people know that culture has something to do with the customs and beliefs of a group of people. It is common to explain a holiday tradition, a spiritual belief, or a child-rearing practice as part of someone’s cultural background.

Culture can strongly influence people’s behavior, beliefs, attitudes, and values. This fact is not surprising since many of us recognize that our day-to-day choices often are determined by what we learned growing up in our families and communities—our own cultures.

Culture is not permanent; it can change. Groups who move and live among new cultural groups are likely to experience changes in their practices and beliefs. The changes are the result of blending the old culture and the new. Many refugee groups will experience these changes, as they combine practices from their previous country with those of their new community.

### **Important Cultural Components**

To work effectively in your community, you need an appreciation of the individuals’ different cultural backgrounds. Gaining appreciation requires learning about the beliefs and practices of others.

The following pages offer a good place to start in thinking about culture. We provide you with six sets of questions to ask. Finding answers to these questions will help you understand both the culture of the people in your community and your own culture:

1. Language and communication style
2. Health beliefs
3. Family relationships
4. Gender roles
5. Spirituality and religion
6. Social issues



## Question Set 1: Language and Communication Style

Language and communication style refers to the patterns and behaviors people use to interact with each other. Some people talk a lot to communicate with people (verbal), but others get their message across without using words (nonverbal). Each culture has its own preferences and expectations about how to communicate, including social customs about who speaks to whom. It is important that you learn about the target audience's language and communication preferences when promoting health and preventing disease in your community. Learning about these preferences and expectations will help ensure your messages are understood the way you expect them to be.

Below is a series of questions to try to answer about the people in your community and how they communicate. Answering these questions for yourself, too, will help you see the ways in which you differ from the people in your community that you are trying to help:

- **Language or dialect**
  - What languages are spoken in the home?
  - Do family members speak different languages depending on their age (e.g., an older family member speaks one language and the younger ones speak English)? If so, how does the family handle this difference?
  - How are the non-English languages perceived by those who speak English?
- **Nonverbal communication**
  - What expressions, gestures, and body language do people usually use when speaking?
  - Is eye contact considered polite or rude?
  - Is people's usual tone of voice soft or loud? How close do people stand to one another when speaking?
  - Is touching acceptable?
- **Communication patterns**
  - Do all members of the family have the same right to speak, or do some family members have more or fewer rights?
  - Do children, teens, and adults speak freely to one another, or are they restricted in what they can say and to whom? What about men and women?

(continued)

### Question Set 1: Language and Communication Style (continued)

- **Communication styles**
  - Are communication forms like joking, storytelling, or rapping common? In what circumstances?
  - Are emotions freely expressed? All or just some? Which ones? When?

## Question Set 2: Health Beliefs

People from around the world have their own cultural practices when it comes to staying healthy and responding to illness.

### Causes and Treatment of Diseases

Health beliefs refer to people's understanding of the causes of and explanations for disease. Getting information on people's health beliefs can help you better understand what they do about illness and how they treat it. For example, people from one culture might think a disease is caused by a spiritually unhealthy activity.

### Trusted Sources

Who do people turn to for medical care if they are sick? For many who live in the United States, the answer is to a doctor or other health professional, such as nurses and physician's assistants. For many others, both in the United States and in other countries, other kinds of healers are sought out, including spiritualists, herbalists, and shamans. Often, both Western doctors and "traditional" healers are consulted, which can be to everyone's advantage.

To promote health and prevent diseases in your community, you need to think about the health beliefs and practices people use and trust in their lives. You will need to design your program so that it complements what people already know and trust about health. Answering the questions below will help you better understand your health beliefs and those of the people in your community:

- **Causes of diseases**
  - What causes the disease or illness?
  - Do people tend to think individual behavior or fate is most responsible for a person's getting sick?
  - What types of illnesses do individual behaviors influence?
  - Do people believe you can prevent a disease or illness?
- **Trusted sources**
  - Who do they turn to when they are sick? To which family member, if any?
  - To what kind of doctor or healer?
  - Do they rely on different types of people, depending on the illness?



### Question Set 3: Family Relationships

The family is the basic building block of all societies in the world. In the family, children are socialized into the ways of their community and its culture. You will need to understand how families are organized, so that you can promote health within them. Answering the questions below will help you better understand the family structure of the people in your community:

- **Family structure**
  - Does the definition of “family” only include parents and siblings (nuclear) or are others also included (extended), such as aunts, cousins, and grandparents?
  - If extended, who is considered a member of the family?
  - Do people have to live in the same household to be considered members of the family?
  - How far away do most of the family members live from one another?
- **Family roles**
  - What rights and responsibilities come with being part of the family?
  - Do they differ by gender? By age?
  - Who has the authority in the home?
  - Does one adult have power over some decisions, but not others?
  - Are family members expected to be involved in other family members’ decisions? Which ones?
  - Which family members’ opinions receive the most respect?
- **Fertility**
  - Is value placed on having many or only a few children?
  - On having girls or boys? Why?
- **Marriage and relationships**
  - Do families arrange marriages? If so, how?

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### Question Set 3: Family Relationships (continued)

- What happens if a person wants to marry someone outside the cultural group? Has a sexual affair?
- **Parenting**
  - What are the expectations for what parents owe children and what children owe parents?
  - Are children expected to live at home until marriage? After marriage?
- **Family functioning**
  - How is privacy treated within the home?
  - What family matters are not to be shared with outsiders?

### Question Set 4: Gender Roles

Gender roles refer to what is considered appropriate and acceptable behavior for men and women. Much change has occurred in the past 20 years in terms of gender roles. However, many deeply held beliefs still exist about which behaviors are feminine and which are masculine.

Health concerns and risks can be different for men and women. For your work in addressing health, you may find it important to know how men and women act and behave in the community. Answering the following questions can help you identify any critical differences:

- **Responsibilities**
  - Do tasks within the home differ by gender?
  - Are some tasks traditionally done by women and some by men? Which ones? Is that changing? How?
  - Are both boys and girls encouraged, or expected, to work outside the home? In what kinds of jobs?
- **Development**
  - Are both boys and girls encouraged to stay in school? To do well in school? In which subjects?
  - How are children cared for?
  - How are responsibilities and tasks shared by parents?
- **Emotions**
  - Are both males and females expected to express emotions freely?
  - Are some emotions more appropriate for one gender than for the other? If so, which ones? How are they typically expressed?
- **Sexuality**
  - Do they have different expectations about sexual behavior for men and women?
  - Is one gender supposed to be more knowledgeable, experienced, or interested in sex?

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### Question Set 4: Gender Roles (continued)

- Do they have different expectations for faithfulness (monogamy) in a relationship for men and women?
  
- **Power**
  - Is one gender supposed to be obedient to the other? In what ways?

## Question Set 5: Spirituality and Religion

In many societies, spirituality and religion are central to people's lives. They can be an important resource in promoting health. It will be important for you to understand both spirituality and religion so that you can successfully work with members of other communities.

Spirituality is the part of us that seeks to find meaning or understanding in our life. In terms of health, spirituality is thought to be important to our ability to handle illness. You should be aware of people's spiritual needs and, when possible, support those needs through health services and programs.

Religion refers to a specific set of beliefs and practices regarding the spiritual, including belief in the existence of a single being or god, or group of beings, who created and govern the world. Ritual, prayer, and other spiritual exercises are commonly part of religious practice.

Below is a series of questions to try to answer so that you can learn about the spirituality and religion of the people in your community. Answering these questions for yourself, too, will help you see the ways in which you differ from the people you are trying to help:

- **Spirituality**
  - What are people's common spiritual beliefs?
  - Do they have spiritual beliefs that help when coping with stress or illness?
- **Religions**
  - What religion, or religions, do people typically follow?
- **Beliefs**
  - What are the basic beliefs of the religion? In particular, what are the teachings about gender roles, premarital or extramarital sexual relationships, homosexuality, contraception, childbirth, and abortion?
  - What role does fate or predestiny play in an individual's life?
  - How is death viewed? Do people believe that there is life after death?

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### Question Set 5: Spirituality and Religion (continued)

- **Roles**

- Are young people as religious as older people? Do young people express their religious beliefs differently from their elders?

- **Practices**

- How do religious beliefs fit into people's daily lives?
- Are some teachings followed more than others?
- Are religious leaders often consulted by family or community members? On what issues?
- Are some behaviors or foods taboo? Which ones? When?

## Question Set 6: Social Issues

Here are more questions concerning culture and community that may be helpful to consider and answer when working with people from different cultures in your community:

### Questions about political power

- How well represented are people in your community in the local, State, and national governments?
- What are the advocacy organizations that work on behalf of people in your community? How well do they represent the diversity of the community?
- How active are the community's churches and other religious organizations in social movements?
- Who are the formal and informal leaders in your community?
- For people who have arrived in the United States recently, what is the political situation in the country they came from?

### Questions about ethnic acceptance

- What degree of ethnic acceptance exists in the community? In the past?
- How are community members affected by racial intolerance?
- How do the informal and formal leaders of the community talk about ethnic acceptance? Now? In the past?

### Questions about socio-economics

- Employment
  - Are most adults employed? In what kinds of jobs? Permanent or temporary? With or without benefits?
  - What is the average salary?
  - Do both men and women work?
  - What are the effects of unemployment and joblessness?
  - What kinds of employment training opportunities exist in the community?

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### Question Set 6: Social Issues (continued)

- Housing and public assistance
  - What assistance are people receiving? How many people? How much assistance?
  - Are the public schools able to accommodate their needs and are they adequately staffed and funded?
  - How many doctors or clinics are available to people in the community?

**Resources:**

Gavagan, T., and Brodyaga, L. (1998, March 1). Medical care for immigrants and refugees. *American Family Physician*. Retrieved from <http://www.aafp.org/afp/980301ap/gavagan.html>

Messina, S. A. (1994). *A youth leader's guide to building cultural competence*. Washington, DC: Advocates for Youth.

Muecke, M. A. (1992). New paradigms for refugee health problems. *Social Science and Medicine*, 35(4), 515-523.

Palinkas, L. A., Pickwell, S. M., Brandstein, K., Clark, T. J., Hill, L. L., Moser, R. J., and Osman, A. (2003). The journey to wellness: Stages of refugee health promotion and disease prevention. *Journal of Immigrant Health*, 5(1), 19-28.

Toole, M. J., and Waldman, R. J. (1993). Refugees and displaced persons: War, hunger, and public health. *The Journal of the American Medical Association*, 270(5), 600-606.

U.S. Committee for Refugees. (2003). *World refugee survey 2003 country report*. Retrieved from [http://www.refugees.org/world/countryrpt/amer\\_carib/2003/united\\_states.cfm](http://www.refugees.org/world/countryrpt/amer_carib/2003/united_states.cfm)

Work Group on Health Promotion and Community Development, University of Kansas. (2004). *Community tool box*. Retrieved from <http://ctb.ku.edu/>

## 2.2.2 Improving Your Organization's Ability to Work With Diverse Groups

All organizations can improve their work with other cultural and ethnic groups by developing what is called **cultural competence**. This section provides information on how your organization can become more culturally competent in its work.

### *What Is Cultural Competence and How Can Your Organization Achieve It?*

Cultural competence is the policies and practices of an organization, or the values and behaviors of individuals, that promote effective communication across cultures.

A culturally competent organization is one that has taken the time to learn about other cultures and to develop relationships with individuals from those communities.

1. **The individual level.** Your organization can encourage and hire individuals who are culturally competent. That is, these individuals have a good understanding of their own culture as well as other cultures. As an organization, you can
  - Encourage members to learn about the cultures they belong to and the groups they identify with.
  - Encourage members to share what they know at scheduled sessions and informal lunches or other gatherings.
  - Create an atmosphere in which different cultures are celebrated and members are encouraged to build relationships with each other.
  - Help individuals develop an awareness of how their culture has shaped their view of the world.
2. **The organizational level.** Your organization can become more culturally competent if it is willing to promote policies and practices that lead to effective work between groups. Often, it is helpful to have a committee with members from all levels of your organization to work on developing these policies or practices. As an organization, you can
  - Determine your organization's current level of cultural competence.
  - Develop support for change at all levels of the organization. Identify any barriers that are in your way.
  - Write a vision statement of what your organization wants to achieve. Describe the advantages that your organization will have by becoming culturally competent.

- 3. The community level.** Your organization can help create an understanding of diverse cultures in the community. Organizations can develop programs that promote cultural awareness outside of the organization. As a first step, you will need to look at how things are in your community. What are the different cultures of the people in your community? How well do people from different cultures interact? As an organization, you can
- Take steps to develop relationships with people from different cultures. One way to do this is to identify community events and activities celebrating a given culture, for example, an Italian fair or a religious event.
  - Ask people questions about their culture, customs, and views.
  - Develop knowledge about the characteristics, experiences, beliefs, values, and norms of the cultural groups through interaction and research.
  - Seek to partner with people or groups from other cultures in your community to reach common goals.

The following pages provide some exercises and handouts that you and your organization can use to help you move toward becoming a more culturally competent organization:

1. Building Cultural Competence (Exercise)
2. Guidance for Developing Individual Cultural Competencies (Handout)
3. Cultural Competency Inclusivity Checklist (Handout)

## Building Cultural Competence (Exercise)

*This exercise provides an opportunity for members of your organization to focus on various aspects of culture that may impact on personal, organizational, and community beliefs. Use this exercise to open discussion among your staff and other members of your organization on ways to build and increase cultural competency.*

To help build **cultural competence**:

- The following list of questions focuses on aspects of culture. Answer each of these questions, and then form small groups for discussion.
- Answer each question for yourself (personally) and then for a local community you may be familiar with.
- In the small groups, use your answers to discuss Option A or B.

**Option A.** Reflect on how you would use your understanding of your culture and that of the local community to establish a relationship with people in the local community.

**Option B.** Reflect on how you would use your understanding of your culture and that of the local community to design an intervention intended to benefit people in the local community.

1. What is your self-identity (e.g., female, Hispanic, or professional)?
2. Who lives in the community served by your organization?
3. What events have shaped your life experiences?
4. What have your life experiences been like (e.g., success or inequity)?
5. What do you value (e.g., respect, responsibility, or interdependence)?
6. What gives you a sense of belonging (e.g., religion, occupation, or history)?
7. What is valued about people, genders, and generations?
8. What are your religious beliefs?
9. What language is used?
10. What are important customs?

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### **Building Cultural Competence (Exercise) (continued)**

11. What emotions are valued?
12. What beliefs are important for solving problems?
13. What institutions are valued (e.g., school or church)?
14. What are the important features of family?
15. What is the most valued form of social organization?
16. How is formal education valued?
17. What is the most valued community unit (e.g., neighborhood, city, or county)?
18. What are the attitudes about others or outsiders helping to solve problems?
19. What are the attitudes about solving problems?
20. Who are the most valued help-giving persons?
21. What are economic conditions like?

If answers to some questions are not known, how would you obtain information to understand more about these cultural issues?

## Guidance for Developing Individual Cultural Competencies (Handout)

*This list provides some guidance for ways to increase your personal cultural competency. Read and think about each issue and then discuss among your staff and other members of your organization ways to integrate these issues into your daily interactions.*

**1. Be nonjudgmental.**

Shut down the tendency to view another person in a negative light or to view him with disfavor.

**2. Be flexible.**

Readjust quickly and effectively to changing situations.

**3. Be resourceful.**

Know how to get the things you need quickly to respond well to any situation.

**4. Personalize observations.**

Express your personal feelings, thoughts, ideas, and beliefs in a personal way, whether or not they are the same as someone else's. Use "I-messages" rather than "you-messages" (e.g., "I disagree" rather than "You're wrong"). Repeat back what you are hearing in conversation ("Am I hearing you say?"). Listen actively by giving verbal indicators regularly while in conversation ("Uh huh" or "Yes").

**5. Pay attention to your feelings.**

Take your feelings seriously, and keep in touch with how you feel about what the other person is saying in conversation. This approach will put you in better charge of yourself and in better command of the interpersonal situation.

**6. Listen carefully and observe attentively.**

Do this to help increase sensitivity to the whole message, not just what is being said in words.

**7. Assume complexity.**

Recognize multiple perspectives in any culturally diverse environment.

**8. Tolerate the stress of uncertainty.**

In an overlap with No. 3, avoid showing irritation or annoyance in a culturally diverse situation.

**9. Have patience.**

Use this positive way to respond to stress.

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## Guidance for Developing Individual Cultural Competencies (Handout) (continued)

**10. Manage personal biases.**

Look beyond your personal view so that you can treat the person with you as an individual deserving your respect.

**11. Keep a sense of humor.**

Avoid taking yourself so seriously that you can't laugh at yourself.

**12. Show respect.**

Go out of your way to express in a genuine manner your understanding, honor, and esteem of the person you are dealing with.

**13. Show empathy.**

Put yourself in the other person's shoes. This act is critical in a culturally diverse encounter.

### Cultural Competency Inclusivity Checklist (Handout)

This checklist will help you measure how prepared your organization is for work with different cultural groups and identify areas for improvement. Go through the list, and put a checkmark next to the items that already describe your organization. If you cannot check off an item, that may indicate an area for change.

- 1. The leadership of our organization is multiracial and multicultural.
- 2. We make special efforts to support new leaders, particularly women and people of color.
- 3. Our mission, operations, and products reflect the contributions of diverse cultural and social groups.
- 4. We are committed to fighting social oppression within the organization and in our community work.
- 5. Members of diverse cultural and social groups are full participants in all aspects of our organization's work.
- 6. Speakers from any one group do not dominate meetings.
- 7. All segments of our community are represented in decision making.
- 8. We show sensitivity and awareness regarding different religious and cultural holidays, customs, recreational preferences, and food preferences.
- 9. We communicate clearly, and people of different cultures feel comfortable sharing their opinions and participating in meetings.
- 10. We prohibit the use of stereotypes and prejudicial comments.
- 11. Ethnic, racial, and sexual slurs or jokes are not welcome.

**Additional Resources to Promote Cross-Cultural Understanding:**

- [http://www.has.vcu.edu/psy/iam/compendium\\_intro.htm](http://www.has.vcu.edu/psy/iam/compendium_intro.htm)  
"Excellence in Cultural Competence Training and Education: A Compendium of Best Practices." This site is a resource for training and education in cultural competence.
  
- <http://gucdc.georgetown.edu/nccc/ncccexchange.html>  
The National Center for Cultural Competence at Georgetown University increases the capacity of health care and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems. Publications and Web links are available.  
  
The Cultural Competence Exchange includes such success stories as this "Journey Towards Cultural Competence" example from Wisconsin: <http://gucdc.georgetown.edu/nccc/ncccexnov19999.html>
  
- <http://www.peacecorps.gov/wws/culturematters/index1.html>  
Culture Matters is a cross-cultural training workbook developed by the Peace Corps to help new volunteers acquire the knowledge and skills to work successfully and respectfully in other cultures.
  
- <http://www.bphc.hrsa.gov/culturalcompetence/Default.htm>  
"Cultural Competence: A Journey;" a publication from the U.S. Department of Health and Human Services, presents examples of five essential elements that contribute to a system's, institution's, or agency's ability to become more culturally competent.
  
- [http://www.has.vcu.edu/psy/iam/compendium\\_intro.htm](http://www.has.vcu.edu/psy/iam/compendium_intro.htm)  
Virginia Commonwealth University's Institute for African-American Mental Health makes available a thorough compendium of best practices in cultural competence training and education.
  
- <http://www.edchange.org/multicultural/>  
The Multicultural Pavilion offers resources and dialogue for educators, students, and activists on all aspects of multicultural education.
  
- <http://home.wmis.net/~russon/icce/>  
The International & Cross-Cultural Evaluation Topical Interest Group, an organization that is affiliated with the American Evaluation Association, provides evaluators who are interested in cross-cultural issues with opportunities for professional development.
  
- <http://www.clas.uiuc.edu/>  
The Center for Culturally and Linguistically Appropriate Services collects and describes early childhood and early intervention resources. It also serves as a point of exchange for users.
  
- [http://ericae.net/faqs/Cognitive\\_Styles/Cognitive\\_styles.htm](http://ericae.net/faqs/Cognitive_Styles/Cognitive_styles.htm)  
This site offers information on different learning styles, possibly another dimension in understanding a person's culture. It is provided by the ERIC (Educational Resources Information Center) Clearinghouse on Assessment and Evaluation at the University of Maryland.

## 2.3 Developing Culturally Specific Materials for Refugee Communities

**At the end of this section, you will be able to**

- Develop materials that are tailored to the communication needs of people in your community.
- Know how to effectively translate materials for your audience.

**This section answers the following questions:**

1. *What do I look for in a translator?*
2. *How do I decide which materials to adapt?*

### 2.3.1 Fitting Materials to Meet the Needs of People in Your Community

Overcoming language barriers is one of the most challenging aspects of promoting health and preventing diseases among people from diverse cultures. Consider some of the different types of communication needed when addressing your work with diverse groups.

#### Two Types of Communication: Verbal and Written

##### ***Verbal Communication***

Verbal communication (speaking) within your community is most significant when you are providing direct care to people. If you are trying to communicate with a person who speaks a different language than you do, the potential for mistakes is greater. To reduce mistakes, we recommend you use a trained interpreter in the health care setting. Many hospitals and health clinics provide these services.

Verbal communication also is critical when promoting health messages, assuming some members of your community have limited reading ability. You may want to use other methods of communication, such as the following:

- Radio
- Television (videotapes)
- Workshop
- Hotline

## **Written Communication**

Written materials will likely be a main form of communication your organization uses in your health promotion and disease prevention efforts. If these materials are for people in your community who speak and read another language, they will need to be translated into these individuals' native language. Even if the members of a community speak English, they may not be able to read well, especially if the subject is unfamiliar or complex. Even some people who are able to read in English still prefer reading in their native language. In most cases, organizations find it is worth their time and money to translate or adapt materials to members' native language.

### **2.3.2 Translating Information**

You are likely to find that translating existing materials requires less time and fewer resources than developing new materials. However, translations of English to other languages may not always convey the desired messages and have the potential to be insensitive or offensive if done wrong.

It is important to work with your community to be sure the language you use is appropriate. In many cases, the best solution is to translate some of the material, while adapting or developing other parts specifically for the community.

Professional translation services are an option and should be the first choice when translating important health information. For other tasks, consider asking members of your community that you are working with to volunteer to help in translating or, if your budget allows, pay them on an hourly basis.

Avoid using either online dictionaries that translate English into other languages or computer software to translate materials. These programs are not reliable for this type of work because they are able to do only word-for-word translations and cannot take your intended message into account.

#### **Tip: Back-Translating**

One technique you can use to improve translation is to have an individual translate materials from one language to whatever language you are interested in using. Then, ask another person—someone who does not know the original content of the materials—to translate the materials back into the original language. As a last step, compare the original version with the newly translated one. This process can help you identify places in which there may be difficulties in the translation, particularly where concepts or meanings might have been distorted.

***You may never be able to get a perfect translation; the important thing is getting one that works for you. Pretest materials with members of the community by asking them to read and talk about what they are reading. This step also can help you understand where there may be confusion in a translation.***

### *What Do You Look for in a Translator?*

If you do decide to use a professional translator, these tips can help you identify an appropriate person.

Look for someone who has the following characteristics:

- Is fully bilingual in written and spoken forms
- Is bicultural—ideally a native speaker who understands how your audience communicates on a daily basis
- Knows the subject area
- Has written translations previously for the target population
- Will provide samples of previous work (have them reviewed for quality and literacy level)

### **2.3.3 Adapting Materials**

#### *How Do You Decide Which Materials to Adapt?*

These questions may be useful in deciding whether all or parts of your material can be adapted:

- Do the concepts and messages help meet the program’s learning objectives?
- Does the material fit the audience’s learning style (i.e., verbal, written, visual, or audiovisual)?
- Are the concepts presented in a simple and organized manner?
- Are appropriate, culturally specific values and beliefs represented in the messages?
- Are visuals, photographs, and images culturally relevant?
- Do the visuals, photographs, and images correspond to the message in a way that is clear to the audience?
- Is the text written or narrated at an appropriate reading and comprehension level?

The following are additional tips to help you adapt materials. You should consider three main issues when adapting materials for your needs:

### 1. Text

- **Examine the messages or content.** Make sure the materials contain only a few ideas and each paragraph discusses just one message or action for the reader. Check with others to make sure concepts are clear and presented in an order that makes sense.
- **Examine how the text is written.** You will want to make sure the text meets the reading and literacy requirements of the group who will be reading it. Keep it simple and understandable by using short sentences and familiar words and phrases.
- **Determine whether text matches visuals.** Use pictures or visuals to help explain the text. Visuals should make sense to the community and be clearly related to the text.
- **Determine whether the message is believable to the audience.** Make sure messages are believable by promoting changes that fit your audience. If the message is suggesting a change of behavior, the change needs to be possible for the audience to make.

### 2. Visuals

- **Decide whether visuals correspond to text.** You should make sure you use culturally appropriate visuals. Choose photographs, images, or drawings that are clear and easy to understand. Show specific examples of the behavior or message described. Illustrate only the desired behaviors, not those to be avoided. Avoid complicated diagrams, graphs, or other visuals.
- **Illustrate the important points.** You may want to limit the number of visuals, making sure they emphasize the most important points. Having too many visuals in your materials can be distracting and confusing to your audience.
- **Visuals should represent the intended audience and their culture.** Visuals that reflect the ethnic and cultural background of the audience can help members of the refugee community identify with the message.

#### *Helpful Hints*

- Use images of people who look like your intended audience.
- Use visuals that represent the geography and setting where your audience lives, works, and plays.
- Show people doing things that are realistic and reflective of their lives.
- Use clothes and other belongings familiar to the audience.

### 3. Format

- **Make materials inviting, visually appealing, and easy to follow.** If your materials appear to be cluttered, your audience may be less likely to read them. You should use only a few concepts and pages. Leave enough space between text and visuals to make the material easy to read, and place related text and visuals together. Use large type and easy-to-read typefaces. Times New Roman and Century Schoolbook generally are considered to be easy to read.
- **Use quality materials.** Use thick paper that can withstand repeated use. Photographs and other visuals should be of good quality and up to date.

#### **Resources:**

AMC Cancer Research Center. (1994). *Beyond the brochure: Alternative approaches to effective health communication*. Denver: Author.

Center for Medicare Education. (n.d.). Translating materials for non-English-speaking audiences. *Issue Brief*, 1(3).

Kentucky Cabinet for Families and Children. (June-July 2002). CFC Online. Retrieved from <http://cfc.state.ky.us/cfconline/2002June-July/From%20the%20Editor.htm>

National Cancer Institute. (2002). *Making health communication programs work: A planner's guide* (NIH Publication No. 02-5145). Bethesda, MD: National Institutes of Health.

National Conference of State Legislatures, Resources for Cross Cultural Health Care, and Henry J. Kaiser Family Foundation. (2001). *Diversity Rx*. Retrieved January 2004 from <http://www.diversityrx.org>

